

34022

State File No.

FILED OCT 6 1952

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4524 Registrar's No. 10

1. PLACE OF DEATH

a. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walker

c. LENGTH OF STAY (In this place) 20 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Vernon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walker

d. STREET ADDRESS (If rural, give location) Streets not numbered

3. NAME OF DECEASED

a. (First) NELLIE b. (Middle) S. c. (Last) LEEDY

4. DATE OF DEATH (Month) (Day) (Year) 9-22-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow

8. DATE OF BIRTH July 7, 1873 9. AGE (In years last birthday) 79 10. UNDER 1 YEAR Months Days 11. UNDER 1 MRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper 10b. KIND OF BUSINESS OR INDUSTRY IOWA 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dwight Martin ADDRESS Walker Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyper-tensive heart disease (b) General arteriosclerosis (c) Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1948 to 9-22, 1952, that I last saw the deceased alive on 9-21, 1952, and that death occurred at 3:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE F.L. Martin (Degree or title) M.D. 23b. ADDRESS Nevada, Mo. 101 1/2 E. Cherry 23c. DATE SIGNED 10-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-24-52 24c. NAME OF CEMETERY OR CREMATORY Harwood Cem. 24d. LOCATION (City, town, or county) (State) Harwood, Missouri

DATE REC'D BY LOCAL REG. OCT-1-52 REGISTRAR'S SIGNATURE Bliss B. Daily 463 25. FUNERAL DIRECTOR'S SIGNATURE Adrian T. Lays ADDRESS Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Allen D. Hays

Licensed Embalmer No. *1968*

P. O. Address *Nevada Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.